#### 49 CFR Subtitle A (10-1-99 Edition)

## § 40.105 Inability to provide an adequate amount of breath or saliva.

- (a) If an employee is unable to provide sufficient breath to complete a test on a non-evidential breath testing device, the procedures of §40.69 apply.
- (b) If an employee is unable to provide sufficient saliva to complete a test on a saliva screening device (e.g., the employee does not provide sufficient saliva to activate the device), the STT, as provided in §40.101 of this part, shall conduct a new test using a new device. If the employee refuses to complete the new test, the STT shall terminate testing and immediately inform the employer. This constitutes a refusal to test.
- (c) If the new test is completed, but there is an insufficient amount of saliva to activate the device, STT shall immediately inform the employer, which shall immediately cause an alcohol test to be administered to the employee using an EBT.

#### §40.107 Invalid tests.

An alcohol test using a non-evidential screening device shall be invalid under the following circumstances:

(a) With respect to a test conducted on a saliva device—

- (1) The result is read before two minutes or after 15 minutes from the time the swab is inserted into the device;
  - (2) The device does not activate;
- (3) The device is used for a test after the expiration date printed on its package; or\_
- (4) The STT fails to note in the remarks section of the form that the screening test was conducted using a saliva device;
- (b) With respect to a test conducted on any non-evidential alcohol testing device, the STT has failed to note on the remarks section of the form that the employee has failed or refused to sign the form following the recording on the form of the test result.

## § 40.109 Availability and disclosure of alcohol testing information about individual employees.

The provisions of §40.81 apply to records of non-evidential alcohol screening tests.

#### § 40.111 Maintenance and disclosure of records concerning non-evidential testing devices and STTs.

Records concerning STTs and non-evidential testing devices shall be maintained and disclosed following the same requirements applicable to BATs and EBTs under §40.81 of this part.

APPENDIX A TO PART 40—FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

	FEDERAL I	DRUG TESTING CUSTODY AND	CONTROL FORM		S	PEC	MEN
						BOT	TIF
		SPECIMEN IO NO. 00	00000 A LABORATORY	ACCESSION NO.			
•	STEP 1: TO B	E COMPLETED BY COLLECTOR OR EMPI		ACCESSION NO.	4	SEA	LS
	A. Employer	Name, Address and I.D. No.	B. MRO Name and Address		,		
					ş	O 4	
					m	ÖÄ	ŏ
					Ž	_ <b>⊙</b> ₹	ō
	C. Donor SS	N or Employee I.D. No.			Œ	9 9	0
	D. Reason fo	rr Tesi: ☐ Pre-employment ☐ Rando ☐ Return to Duty ☐ Follow-u			SPECIMEN ID NO	0000000 0000000	000000
	1	_ ,_	, , ,		z	ŏ	$\simeq$
	E. Tests to b				ب	- 0	
	l	Only THC and	Cocaine OTHER (specify)			$\Box$	7
٠			en temperature must be read within 4 minutes of	collection.		••	
		mperature within range: Yes, 90° - 100°F				Ş	
•	STEP 4: TO BE	COMPLETED BY COLLECTOR AND DONOR E COMPLETED BY DONOR - Go to copy 4	- Collector affixes bottle seal(s) to bottle(s). Collector (	dates seal(s). Donor initials seal(s).		(SPLIT	
۰	STEP 5: TO B	E COMPLETED BY COLLECTOR	11		Juli	J	
	COLLECTION	SITE LOCATION:		SPLIT SPECIMEN COLLECTION	i .	_	_
		Collection Facility	Collector's Business Phone No	O VES ONO	60	o≹√a	, o चे
		Arrheia	No.		(≱;	} } } } } } } }	≦ Þ
	REMARKS.		Unit Unit	29	\ \ ' :	╹╫∕╲╹	₩ M
		X	to me by the clunor providing the certification on Copy 4 of the labelled and sealed as in accordance with applicable Federal in	/		· .	. ·
		F INITIATED BY THE COLLECTOR AND C	OMPLETED AS NECESSARY THEREAFTER	Say141 Time Time		0	اءا
•	MO. DAY YR	SPECIMEN RELEASED BY	SPECIMEN RECEIVED BY	PURPOSE OF CHANGE	Domor	-	8
	//	DONOR - NO SIGNATURE	Signature	PROVIDE SPECIMEN FOR TESTING		Par Only	3 3
	<u></u>	Signature	Signature		I		1 3
	///	Name	Name	1	-1	3	1 3
	, ,	Signature	Signature		l t	. 1	
	/	Name	Name			+	-
	/ /	Signature	Signature			-	
	CYED 7. TO D	Name	Name	<u> </u>		=	
	THE RESULTS F	OR THE ABOVE IDENTIFIED SPECIMEN ARE IN ACCO ISHED BY THE HHS MANDATORY GUIDELINES FOR FE	PROPRIED BOILLE SEBI(S) INTECT: YES NO. PROPRIED THE APPLICABLE INITIAL TEST AND CONTROL WORKPLACE DRUG TESTING PROGRAMS	FIRMATORY TEST CUTOFF	S	HIPF	PING
	TEST NOT	COPATES	Carboxy—THC COCAINE METABOLITES as Benzoyleog	-	~	NIT A	INIED
	☐ PERFORM	NED □ codelne □ morphir	e	OTHER		אומוכ	INER
	REMARKS					SEA	<b>1</b> I
	TEST LAB (al dille	rent from above)	APPARES	( )		٥٢	٦.
	I county that the sp	ocimen identified by the laboratory accession number on it examined upon receipt, handled and analyzed in accord	this form is the same specimen that bears the specimen identification with applicable Federal requirements, and that the results	cation number set forth above, that the	i I t		
3	1					/	/
::		Certifying Scientier's Name (First, MI, Lest)  E COMPLETED BY THE MEDICAL REVIEV	Signature of Certifying Scientisi	Date (Mo / Day / Ye.)		Date (Mo	Osv 7/1
1	I have reviewed th	e laboratory results for the specimen identified by this for	n in accordance with applicable Federal requirements. My dote.	rmination/verilication is:			
1	Negative	Positive Test Not Performed Test Ca	ncelled REMARKS				
13	PRINT	Vedical Review Officer's Name (First, Mt. Last)	Signature of Medical Review Officer	Date (MC / Day / Vc)		Collector 1	india)
	(FRINT)	IGINAL - MUST ACCOMPANY SPECIMEN		Owner (MC / UNBy / 141.)	٠.		

#### Paperwork Reduction Act Notice (as required by 5 CFR 1320.21)

Public reporting burden for this collection of information, including the time for reviewing instructions, gathering and maintaining the data needed, and completing and reviewing the collection of information is estimated for each respondent to average: 5 minutes/donor: 4 minutes/collectior: 3 minutes/laboratory; and 3 minutes/Medical Review Officer. Federal employees may send comments regarding these burden estimates, or any other aspect of this collection of information, including suggestions for reducing the burden, to Public Health Service Reports Clearance Officer. Attn: PRA, Hubort H. Humphrey Buliding, Rin 721-8, 200 independence Ave. S.W., Washington, D.C. 20201. Individuals from the private sector may send comments/auggestions to: Department of Transportation, Drug Enforcement and Program Compliance, Rm 9404, 400 Seventh St. S.W., Washington, D.C. 20590. In addition, copies of all comments/auggestions may be Jent to: Office of Management and Budget, Paperwork Reduction Project, Rm 3001, 725 Seventeenth St. N.W., Washington, D.C. 20503.

Back of Copy 1, 2, 3, 4, and 6.

#### FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

	SPECIMEN ID NO.	LABORATORY	
TEP 1: TO B	E COMPLETED BY COLLECTOR OR EMPLO	YER REPRESENTATIVE	
	Name, Address and I.D. No.	B. MRO Name and Address	
C Donor SSI	N or Employee I.D. No		
D. Reason fo		☐ Reasonable Suspicion/Cause ☐ Pos	t Accident
	☐ Return to Duty ☐ Follow-up	Other (specify)	
	_ ,		
F. Tests to b	e Performed: THC, Cocaine, PCP, Opia	ites and Amphetamines	
	☐ Only THC and Co		
	<del>-</del> - , , ,	_	
TEP 2: TO B	E COMPLETED BY COLLECTOR - Specimen	temperature must be read within 4 minutes of	collection.
Specimen ter	mperature within range: Tes, 90° - 100°F/3	2° - 38°C	erature here
		Collector affixes bottle seal(s) to bottle(s). Collector of	rates sear(s). Donor mitiais sear(s
	E COMPLETED BY DONOR - Go to copy 4 (p	ink page); STEP 4	
	E COMPLETED BY COLLECTOR		T
COLLECTION	SITE LOCATION:		SPLIT SPECIMEN COLLECTION
		( )	
	Collection Facility	Collector's Business Phone No	. YES NO
	Address	City State	Zip
REMARKS:			
certify that the sp dentification num:	pecimen identified on this form is the specimen presented to ber as that set forth above, and that it has been collected, lat	me by the donor providing the certification on Copy 4 of this belied and sealed as in accordance with applicable Federal re	equirements.
		/	/ Pi
	NT) Collector's Name (First, MI, Last)	Signature of Collector Date (Mo./D.	ay/Yr.) Time
	E INITIATED BY THE COLLECTOR AND CO		
MO. DAY YR.	SPECIMEN RELEASED BY	SPECIMEN RECEIVED BY	PURPOSE OF CHANGE
,g. 6911 1Ft.			
18.		Signature	PROVIDE SPECIMEN
/ /	DONOR - NO SIGNATURE	Signature	
//		Name	PROVIDE SPECIMEN
/ /	Signature	Name Signature	PROVIDE SPECIMEN
/ /		Name	PROVIDE SPECIMEN
/ /	Signature	Name Signature	PROVIDE SPECIMEN
/ /	Signature Name Signature	Name Signature Name Signature	PROVIDE SPECIMEN
/ /	Signature Name Signature Name	Name Signature Name Signature Name Name	PROVIDE SPECIMEN
//	Signature Name Signature	Name Signature Name Signature	PROVIDE SPECIMEN
/ / / /	Signature Name Signature Name	Name Signature Name Signature Name Name	PROVIDE SPECIMEN
/ / / / / / / / / / / / / / / / / / /	Signature Name Signature Name Signature Name E COMPLETED BY THE LABORATORY - Sp	Name Signature Name Signature Name Signature Name Signature Name Official Seal(s) Intact: YES NO,	PROVIDE SPECIMEN FOR TESTING
STEP 7: TO B	Signature Name Signature Name Signature Name E COMPLETED BY THE LABORATORY - Spi OR THE ABOVE IDENTIFIED SPECIMEN ARE IN ACCORI	Name Signature Name Name Signature Name Name Name Signature Name Name Name Signature Name Name Name Name Name Name Name Nam	PROVIDE SPECIMEN FOR TESTING
TEP 7: TO B	Signature  Name  Signature  Name  Signature  Name  E COMPLETED BY THE LABORATORY - Sport The ABOVE IDENTIFIED SPECIMEN ARE IN ACCORN SHEED BY THE HIS MANUATORY GUIDELINES FOR FEDE	Name Signature Name Signature Name Signature Name Signature Name Signature Name Bottle Scal(s) Intact: YES NO, DANCE WITH THE APPLICABLE INITIAL TEST AND CONE	PROVIDE SPECIMEN FOR TESTING  Explain in Remarks Below.
TEP 7: TO B THE RESULTS EVELS ESTABLE NEGATIVE	Signature  Name  Signature  Name  Signature  Name  E COMPLETED BY THE LABORATORY - Sp. OR THE ABOVE IDENTIFIED SPECIMEN ARE IN ACCORD SHEED BY THE HIS MANDATORY GUIDELINES FOR FEDE  POSITIVE, for the following:   CANNABINOIDS as Cal	Name  Signature  Name  Signature  Name  Signature  Name  Signature  Name  Name	PROVIDE SPECIMEN FOR TESTING  Explain in Remarks Below.
TEP 7: TO B THE RESULTS E EVELS ESTABLE NEGATIVE	Signature Name Signature Name Signature Name Signature Name Signature Name E COMPLETED BY THE LABORATORY - Spi OR THE ABOVE IDENTIFIED SPECIMEN ARE IN ACCORISHED BY THE HIS MANDATORY GUIDELINES FOR FEDE POSITIVE, for the following:    CANNABRIOS SE	Name  Signature  Name  Signature  Name  Signature  Name  Signature  Name  Signature  Name  Signature  Name  Comen Bottle Seal(s) Intact: YES NO.  DANCE WITH THE APPLICABLE INITIAL TEST AND CONFIGAL WORKPLACE DRUG TESTING PROGRAMS  TOON—THC COCAINE METABOLITES as Benzoyledg  AMPHETAMINES:  amphetamine	PROVIDE SPECIMEN FOR TESTING  Explain in Remarks Below.
TEP 7: TO B	Signature  Name  Signature  Name  Signature  Name  E COMPLETED BY THE LABORATORY - Sp. OR THE ABOVE IDENTIFIED SPECIMEN ARE IN ACCORD SHEED BY THE HIS MANDATORY GUIDELINES FOR FEDE  POSITIVE, for the following:   CANNABINOIDS as Cal	Name  Signature  Name  Signature  Name  Signature  Name  Signature  Name  Signature  Name  Commen Bottle Seal(s) Intact: YES NO, DANCE WITH THE APPLICABLE INITIAL TEST AND CONF RAIL WORKPLOE PRUIG TESTING PROGRAMS  tboxy—THC CCAINE METABOLITES as Benzoyleog  AMPHETAMINES:	PROVIDE SPECIMEN FOR TESTING  Explain in Remarks Below.  EXPLAINMATORY TEST CUTOFF CONTINUE PHENCYCLIDINE
TEP 7: TO B THE RESULTS EVELS ESTABLE NEGATIVE	Signature Name Signature Name Signature Name Signature Name Signature Name E COMPLETED BY THE LABORATORY - Spi OR THE ABOVE IDENTIFIED SPECIMEN ARE IN ACCORISHED BY THE HIS MANDATORY GUIDELINES FOR FEDE POSITIVE, for the following:    CANNABRIOS SE	Name  Signature  Name  Signature  Name  Signature  Name  Signature  Name  Signature  Name  Signature  Name  Comen Bottle Seal(s) Intact: YES NO.  DANCE WITH THE APPLICABLE INITIAL TEST AND CONFIGAL WORKPLACE DRUG TESTING PROGRAMS  TOON—THC COCAINE METABOLITES as Benzoyledg  AMPHETAMINES:  amphetamine	PROVIDE SPECIMEN FOR TESTING  Explain in Remarks Below.  EXPLAINMATORY TEST CUTOFF CONTINUE PHENCYCLIDINE
TEP 7: TO B THE RESULTS F LEVELS ESTABL NEGATIVE FERRORS REMARKS	Signature Name Signature Name Signature Name Signature Name Signature Name E COMPLETED BY THE LABORATORY - Spi OR THE ABOVE IDENTIFIED SPECIMEN ARE IN ACCORISHED BY THE HIS MANDATORY GUIDELINES FOR FED POSITIVE, for the following:CANNABINOS as Cat OPIATES:COdeline MED	Name  Signature  Name  Signature  Name  Signature  Name  Signature  Name  Signature  Name  Signature  Name  Comen Bottle Seal(s) Intact: YES NO.  DANCE WITH THE APPLICABLE INITIAL TEST AND CONFIGAL WORKPLACE DRUG TESTING PROGRAMS  TOON—THC COCAINE METABOLITES as Benzoyledg  AMPHETAMINES:  amphetamine	PROVIDE SPECIMEN FOR TESTING  Explain in Remarks Below.  EXPLAINMATORY TEST CUTOFF CONTINUE PHENCYCLIDINE
STEP 7: TO B THE RESULTS F LEVELS ESTABLI NEGATIVE PERFORM REMARKS TEST LAB (if diffa	Signature Name Signature Name Signature Name Signature Name Signature Name E COMPLETED BY THE LABORATORY - Sport of the sp	Name  Signature Name  Signature Name  Signature Name  Signature Name  ecimen Bottle Seal(s) intact: YES NO. DANCE WITH THE APPLICABLE INITIAL TEST AND CONF RALL WORKPLACE PRIGH TESTING PROGRAMS  TOOL OCCUMEN METABOLITES as Benzoylecg AMPHETAMINES:   AMPHETAMINES:   methamphetamine	PROVIDE SPECIMEN FOR TESTING  EXPLAIN IN REMARKS BeloW. IRMATORY TEST CUTOFF LOTION PHENCYCLIDINE OTHER
THE RESULTS F LEVELS ESTABLE NEGATIVE  TEST LAB REMARKS REMARKS REMARKS REMARKS REMARKS	Signature Name Signature Name Signature Name Signature Name E COMPLETED BY THE LABORATORY - Sp. OR THE ABOVE IDENTIFIED SPECIMEN ARE IN ACCORISHED BY THE HIS MANDATORY GUIDELINES FOR FEDE JOSITIVE, for the following: CANNABINOS as Cat MED GODGING MEDICAL CONTROL OF THE CONTRO	Name  Signature  Name  Signature  Name  Signature  Name  Signature  Name  Signature  Name  Comen Bottle Seal(s) Intact: YES NO.  DANCE WITH THE APPLICABLE INITIAL TEST AND CONFINAL WORKPLACE DRIJE TESTING PROGRAMS  TOOLOGY THE COCAINE METABOLITES as Benzoylecg  AMPHETAMINES:  amphetamine  methamphetamine	PROVIDE SPECIMEN FOR TESTING  Explain in Remarks Below, FIRMATORY TEST CUTOFF CONTINE OTHER OTHER DESCRIPTION OF THE PROVIDE O
THE RESULTS F LEVELS ESTABLE NEGATIVE  TEST LAB REMARKS REMARKS REMARKS REMARKS REMARKS	Signature Name Signature Name Signature Name Signature Name E COMPLETED BY THE LABORATORY - Sp. OR THE ABOVE IDENTIFIED SPECIMEN ARE IN ACCORISHED BY THE HIS MANDATORY GUIDELINES FOR FEDE JOSITIVE, for the following: CANNABINOS as Cat MED GODGING MEDICAL CONTROL OF THE CONTRO	Name  Signature Name  Signature Name  Signature Name  Signature Name  ecimen Bottle Seal(s) intact: YES NO. DANCE WITH THE APPLICABLE INITIAL TEST AND CONF RALL WORKPLACE PRIGH TESTING PROGRAMS  TOOL OCCUMEN METABOLITES as Benzoylecg AMPHETAMINES:   AMPHETAMINES:   methamphetamine	PROVIDE SPECIMEN FOR TESTING  Explain in Remarks Below, FIRMATORY TEST CUTOFF CONTINE OTHER OTHER DESCRIPTION OF THE PROVIDE O
TEP 7: TO B THE RESULTS F LEVELS ESTABLE NEGATIVE TEST NO TEST NO TEST NO TEST LAB (if diffe I carrily that the sy specimen has bee	Signature Name Name Signature Name E COMPLETED BY THE LABORATORY - Sponsor Special S	Name  Signature  Name  Signature  Name  Signature  Name  Signature  Name  Signature  Name  Comen Bottle Seal(s) Intact: YES NO.  DANCE WITH THE APPLICABLE INITIAL TEST AND CONF.  RALL WORKPLACE PRUF TESTING PROGRAMS  Toxy—THC COCAINE METABOLITES as Benzoyleog  AMPHETAMINES: amphetamine  methamphetamine  ADDRESS.  Is form is the same specimen that bears the specimen identification of the same specimen identification of the same specimen in the same specimen in the same specimen identification.	PROVIDE SPECIMEN FOR TESTING  Explain in Remarks Below.  FIRMATORY TEST CUTOFF IDENTIFY TEST
TEP 7: TO B THE RESULTS F LEVELS ESTABLE NEGATIVE  TEST NO REMARKS TEST LAB (f diffa Corify that the sy specimen has been (PRINT)	Signature Name Signature Name Signature Name Signature Name E COMPLETED BY THE LABORATORY - Spo R THE ABOVE IDENTIFIED SPECIMEN ARE IN ACCORI SHED BY THE HHS MANDATORY GUIDELINES FOR FEDE CONNABINOUS & Cat OPINITES:  ICO	Name  Signature  Name  Signature  Name  Signature  Name  Signature  Name  Signature  Name  Signature  Name  Name  Signature  Name  Signature  Name	PROVIDE SPECIMEN FOR TESTING  Explain in Remarks Below, FIRMATORY TEST CUTOFF CONTINE OTHER OTHER DESCRIPTION OF THE PROVIDE O
TEP 7: TO B THE RESULTS F LEVELS ESTABL NEGATIVE DEPRIOR  REMARKS TEST LAB (if diffa carrily that the sy pecimen has bee	Signature Name  E COMPLETED BY THE LABORATORY - Specific Specific Specific Specific Name In Accordance Specific Specific Specific Name In Accordance Specific Specific Name In Accordance  Complete Specific Name In Accordance In Complete Specific Name In Complete Specific Name In Accordance In C	Name  Signature  Name  ADDRESS  ADDRESS  ADDRESS  ADDRESS  Sorm is the same specimen that bears the specimen identificace with applicable Federal requirements, and that the results  Signature of Centrying Scientist  OFFICER	PROVIDE SPECIMEN FOR TESTING  EXPlain in Remarks Below.  FIRMATORY TEST CUTOFF In Inc.  OTHER PHENCYCLIDINE  OTHER PHONE NO.  Seal Continue for that specimen.  Date (Mo. / Day / Yr.)
STEP 7: TO B THE RESULTS F LEVELS ESTABL MEGATIVE [  PERFORM  REMARKS TEST LAB (I diffa  I certify that the sy specimen has bee [PRINT]  STEP 8: TO B  It have reviewed it	Signature Name Signature S	Name  Signature  Name  Collaber	PROVIDE SPECIMEN FOR TESTING  EXPLAIN IN REMARKS Below.  FIRMATORY TEST CUTOFF IN INC.  OTHER PHENCYCLIDINE  OTHER PHONE NO.  Loation number set forth above, that the set leath are for that specimen.
TEP 7: TO B THE RESULTS F LEVELS ESTABL NECATIVE  PERFORM REMARKS TEST LAB (fi diffa c certify that the sy specimen has bee (PRINT) TEPS TO B It have reviewed it	Signature Name  E COMPLETED BY THE LABORATORY - Specific Specific Specific Specific Name In Accordance Specific Specific Specific Name In Accordance Specific Specific Name In Accordance  Complete Specific Name In Accordance In Complete Specific Name In Complete Specific Name In Accordance In C	Name  Signature  Name  Collaber	PROVIDE SPECIMEN FOR TESTING  EXPLAIN IN REMARKS Below.  FIRMATORY TEST CUTOFF IN INC.  OTHER PHENCYCLIDINE  OTHER PHONE NO.  Loation number set forth above, that the set leath are for that specimen.
TEP 7: TO B THE RESULTS F LEVELS ESTABL NECATIVE  PERFORM REMARKS TEST LAB (fi diffa c certify that the sy specimen has bee (PRINT) TEPS TO B It have reviewed it	Signature Name Signature S	Name  Signature  Name  Signature  Name  Signature  Name  Signature  Name  Signature  Name  Recimen Bottle Seal(s) Intact: VES NO.  DANCE WITH THE APPLICABLE INITIAL TEST AND CONF.  ANDERSON TO SEAL OF THE AND CONF.  AMPHETAMINES.  ADDRESS  ADDRESS  Form is the same specimen that bears the specimen identifies ce with applicable Federal requirements, and that the results  Signature of Centrying Scientist  OFFICER  in accordance with applicable Federal requirements. My determined	PROVIDE SPECIMEN FOR TESTING  EXPLAIN IN REMARKS Below.  FIRMATORY TEST CUTOFF IN INC.  OTHER PHENCYCLIDINE  OTHER PHONE NO.  Loation number set forth above, that the set leath are for that specimen.

#### FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

	E COMPLETED BY COLLECTOR OR EMPLO				
<ul> <li>A. Employer</li> </ul>	Name, Address and I.D. No.	B. MRO Name and Ad	idress		
C. Donor SS	N or Employee I.D. No			0 1	
D. Reason fo			use 🔲 Post	Accident	
	☐ Return to Duty ☐ Follow-up	Other (specify)			
E. Tests to b	e Performed: THC, Cocaine, PCP, Opi				
	☐ Only THC and C	Cocaine			
	E COMPLETED BY COLLECTOR - Specimen	<del></del>	1 4 minutes of	collection.	
Specimen te	mperature within range: 🗌 Yes, 90° - 100°F/3	32° - 38°C ☐ No, Record sp	pecimen tempe	rature here	
TEP 3: TO BE	COMPLETED BY COLLECTOR AND DONOR -	Collector affixes bottle seal(s) to bottle	le(s). Collector da	ates seal(s). Dono	initials seal(
TEP 4: TO B	E COMPLETED BY DONOR - Go to copy 4 (	pink page): STEP 4	``	, ,	•
	E COMPLETED BY COLLECTOR				
	SITE LOCATION:			SF	LIT SPECIMEN
					COLLECTION
		(			_
	Collection Facility	Collector's B	Business Phone No.		YES NO
			State	-	
DELLABUO	Address	City	State	Zip	
REMARKS: certify that the s	pecimen identified on this form is the specimen presented to	o me by the donor providing the certification	on Copy 4 of this	form, that it bears the	same specime
dentification num	ber as that set forth above, and that it has been collected, is	abelled and sealed as in accordance with ap	plicable Federal rec	uirements.	AI.
(PR	NT) Collector's Name (First, MI, Last)			/	PI
		Signature of Collector	Date (Mo./Da	W/Yr)	Time
		Signature of Collector	Date (Mo./Da	y/Yr.)	Time
TEP 6: TO E	E INITIATED BY THE COLLECTOR AND CO	MPLETED AS NECESSARY THE	EREAFTER		Time
		SPECIMEN RECEIVED	EREAFTER	PURPOSE OF	Time
TEP 6: TO E	E INITIATED BY THE COLLECTOR AND CO SPECIMEN RELEASED BY	SPECIMEN RECEIVED Signature	EREAFTER	PURPOSE OF	Time CHANGE
TEP 6: TO E	E INITIATED BY THE COLLECTOR AND CO	SPECIMEN RECEIVED	EREAFTER	PURPOSE OF	Time CHANGE
TEP 6: TO E	E INITIATED BY THE COLLECTOR AND CO SPECIMEN RELEASED BY	SPECIMEN RECEIVED Signature	EREAFTER	PURPOSE OF	Time CHANGE
TEP 6: TO E	E INITIATED BY THE COLLECTOR AND CO SPECIMEN RELEASED BY DONOR - NO SIGNATURE	MPLETED AS NECESSARY THE SPECIMEN RECEIVED Signature Name Signature	EREAFTER	PURPOSE OF	Time CHANGE
TEP 6: TO E	E INITIATED BY THE COLLECTOR AND CO SPECIMEN RELEASED BY DONOR - NO SIGNATURE Signature	OMPLETED AS NECESSARY THE SPECIMEN RECEIVED Signature Name Signature Name	EREAFTER	PURPOSE OF	Time CHANGE
TEP 6: TO E	E INITIATED BY THE COLLECTOR AND CO SPECIMEN RELEASED BY DONOR - NO SIGNATURE	MPLETED AS NECESSARY THE SPECIMEN RECEIVED Signature Name Signature	EREAFTER	PURPOSE OF	Time CHANGE
TEP 6: TO E	E INITIATED BY THE COLLECTOR AND CO SPECIMEN RELEASED BY DONOR - NO SIGNATURE Signature	OMPLETED AS NECESSARY THE SPECIMEN RECEIVED Signature Name Signature Name	EREAFTER	PURPOSE OF	Time CHANGE
TEP 6: TO E	E INITIATED BY THE COLLECTOR AND CO SPECIMEN RELEASED BY DONOR - NO SIGNATURE Signature Name	MPLETED AS NECESSARY THE SPECIMEN RECEIVED Signature Name Signature Name	EREAFTER	PURPOSE OF	Time CHANGE
TEP 6: TO E	E INITIATED BY THE COLLECTOR AND CO SPECIMEN RELEASED BY DONOR - NO SIGNATURE Signature Name Signature	SPECIMEN RECEIVED SIgnature Name Signature Name Signature Name Signature	EREAFTER	PURPOSE OF	Time CHANGE
MO. DAY YR	E INITIATED BY THE COLLECTOR AND CO SPECIMEN RELEASED BY DONOR - NO SIGNATURE Signature Name Signature Name	SPECIMEN RECEIVED SPECIMEN RECEIVED Signature Name Signature Name Signature Name Signature Name Name	EREAFTER D BY	PURPOSE OF PROVIDE SI FOR TES	TIME  CHANGE PECIMEN STING
STEP 6: TO E  MO. DAYE YR  STEP 7: TO E	E INITIATED BY THE COLLECTOR AND CO SPECIMEN RELEASED BY  DONOR - NO SIGNATURE  Signature Name Signature Name Signature Name Signature Name EGOMPLETED BY THE LABORATORY - SI	SPECIMEN RECEIVED SIgnature Name Signature Name Signature Name Signature Name Signature Name	PEREAFTER  D BY  VES □ NO,	PURPOSE OF PROVIDE SE FOR TES	TIME F CHANGE PECIMEN TING  rks Below.
STEP 6: TO E  MO. DATE  MO. DAY YR  STEP 7: TO E  THE RESULTS F	E INITIATED BY THE COLLECTOR AND CO SPECIMEN RELEASED BY  DONOR - NO SIGNATURE  Signature Name Signature Name  Signature Name  E COMPLETED BY THE LABORATORY - SIGNATURE OR THE ABOVE IDENTIFIED SPECIMEN ARE IN ACCOR	SPECIMEN RECEIVED SIgnature Name Signature Name Signature Name Signature Name Signature Name	PEREAFTER  D BY  VES □ NO,	PURPOSE OF PROVIDE SE FOR TES	TIME F CHANGE PECIMEN TING  rks Below.
TEP 6: TO E  MO DAY YR  DAY YR  TEP 7: TO E  THE RESULTS FO  SUIDELINES FO	E INITIATED BY THE COLLECTOR AND CO SPECIMEN RELEASED BY  DONOR - NO SIGNATURE  Signature Name Signature Name Signature Name Signature Name EGOMPLETED BY THE LABORATORY - SI	SPECIMEN RECEIVED SPECIMEN RECEIVED Signature Name	YES NO, DURES ESTABLIS	PURPOSE OF PROVIDE SE FOR TES	Time  F CHANGE  PECIMEN  TING  rks Below.
TEP 6: TO E  MO DATE  MO DAY YR  THE RESULTS FO  RECONFIRME FALLED TO AIR	E INITIATED BY THE COLLECTOR AND CO SPECIMEN RELEASED BY  DONOR - NO SIGNATURE  Signature Name  Signature Name	SPECIMEN RECEIVED SPECIMEN RECEIVED Signature Name Signature Name Signature Name Signature Name Signature Name Comparison Signature Name Signature Name Signature Name Signature Name Signature Name Signature Name Signature	YES NO, DURES ESTABLIS	PURPOSE OF PROVIDE SE FOR TES	TIME F CHANGE PECIMEN TING  TKS Below. IANDATORY
TEP 6: TO E  MO DATE  MO DAY YR  THE RESULTS FO  RECONFIRME FALLED TO AIR	E INITIATED BY THE COLLECTOR AND CO SPECIMEN RELEASED BY  DONOR - NO SIGNATURE  Signature Name Signature Name E COMPLETED BY THE LABORATORY - SIGNATURE  E COMPLETED BY THE LABORATORY - SIGNATURE  OF THE ABOVE IDENTIFIED SPECIMEN ARE IN ACCORD REDEARL WORKPLACE DRUG TESTING PROGRAMS TO for the following:  ONNERSHOODS as CONFIRM OPPLATES. REOMMED  COMPLETED OPPLATES.	SPECIMEN RECEIVED  SIgnature  Name  Signature  Name  Signature  Name  Signature  Name  Signature  Name  Coccan be aliased arboxy—THC  Coccan be aliased arbo	YES NO, DURES ESTABLIS	PURPOSE OF PROVIDE SE FOR TES	Time F CHANGE PECIMEN TING  rks Below. IANDATORY
TEP 6: TO E  MO DATE  MO DAY YR  THE RESULTS FO  RECONFIRME FALLED TO AIR	E INITIATED BY THE COLLECTOR AND CO SPECIMEN RELEASED BY  DONOR - NO SIGNATURE  Signature Name  Signature Name	SPECIMEN RECEIVED  SIgnature  Name  Signature  Name  Signature  Name  Signature  Name  Signature  Name  Coccan be aliased arboxy—THC  Coccan be aliased arbo	YES NO, DURES ESTABLIS	PURPOSE OF PROVIDE SE FOR TES	Time F CHANGE PECIMEN TING  rks Below. IANDATORY
TEP 6: TO E  MO DATE MO DAY YR  STEP 7: TO E  THE RESULTS FO  RECONFIRME FALLED TO AIR	E INITIATED BY THE COLLECTOR AND CO SPECIMEN RELEASED BY  DONOR - NO SIGNATURE  Signature Name Signature Name E COMPLETED BY THE LABORATORY - SIGNATURE  E COMPLETED BY THE LABORATORY - SIGNATURE  OF THE ABOVE IDENTIFIED SPECIMEN ARE IN ACCORD REDEARL WORKPLACE DRUG TESTING PROGRAMS TO for the following:  ONNERSHOODS as CONFIRM OPPLATES. REOMMED  COMPLETED OPPLATES.	SPECIMEN RECEIVED  SIgnature  Name  Signature  Name  Signature  Name  Signature  Name  Signature  Name  Coccan be aliased arboxy—THC  Coccan be aliased arbo	YES NO, DURES ESTABLIS	PURPOSE OF PROVIDE SE FOR TES	Time F CHANGE PECIMEN TING  rks Below. IANDATORY
STEP 6: TO E  MO. DATE  MO. DATE  THE PESULTS F  GUIDELINES FOI  FALLED TO RI  TEST NOT PE  REMARKS	E INITIATED BY THE COLLECTOR AND CO SPECIMEN RELEASED BY  DONOR - NO SIGNATURE  Signature  Name  Signature  Name  Signature  Name  Signature  Name  Signature  Name  OF THE ABOVE IDENTIFIED SPECIMEN ARE IN ACCORP  FEDERAL WORKPLACE DRUG TESTING PROGRAMS  OF THE ABOVE IDENTIFIED SPECIMEN ARE IN ACCORP  FEDERAL WORKPLACE DRUG TESTING PROGRAMS  CONFIRM  OFINITES  OFIN	SPECIMEN RECEIVED  SPECIMEN RECEIVED  Signature  Name  Signature  Name  Signature  Name  Signature  Name  Common Bottle Seal(s) Intact:  DANCE WITH THE APPLICABLE PROCEI  arboxy—THC  COCAINE METABOLITE  AMPHETAMINET  methamph	YES NO, DURES ESTABLIS	PURPOSE OF PROVIDE SE FOR TES	Time  F CHANGE  PECIMEN  TING  rks Below.  HANDATORY  NGYCLIDINE
STEP 6: TO E  MO. DATE  MO. DATE  YR  STEP 7: TO E  THE RESULTS F  GUIDELINES FO  II PALLED TO RI  TEST NOT PE  REMARKS  TEST LAB (If diffe.	E INITIATED BY THE COLLECTOR AND CO SPECIMEN RELEASED BY  DONOR - NO SIGNATURE  Signature  Name Name Name Name Name Name Name Na	SPECIMEN RECEIVED  SPECIMEN RECEIVED  Signature  Name  Signature  Name  Signature  Name  Signature  Name  Danne  Signature  Name  Signature  Name  Signature  Name  ADANCE WITH THE APPLICABLE PROCEI  AMPHETAMINES.    MAPHETAMINES.   methamphetamine   methamphetamin	YES NO, DURES ESTABLIS ES as Benzoyleogor	PURPOSE OF PROVIDE SE FOR TES  EXPLAIN IN REMARKABLE BY THE HHS MAINING PHE	Time  F CHANGE  PECIMEN  TING  TKS BEIOW.  HANDATORY  NGYCLIDINE
STEP 6: TO E  MO. DATE  MO. DATE  VR.  STEP 7: TO E  THE RESULTS F  GUIDELINES FOL  FALLED TO RI  TEST NOT PE  REMARKS  TEST LAB (if different control of the control of th	E INITIATED BY THE COLLECTOR AND CO SPECIMEN RELEASED BY  DONOR - NO SIGNATURE  Signature  Name  Signature  Name  Signature  Name  Signature  Name  Signature  Name  OF THE ABOVE IDENTIFIED SPECIMEN ARE IN ACCORP  FEDERAL WORKPLACE DRUG TESTING PROGRAMS  OF THE ABOVE IDENTIFIED SPECIMEN ARE IN ACCORP  FEDERAL WORKPLACE DRUG TESTING PROGRAMS  CONFIRM  OFINITES  OFIN	SPECIMEN RECEIVED  SPECIMEN RECEIVED  Signature  Name  Signature  Name  Signature  Name  Signature  Name  Coccan Section Secti	YES NO. DURES ESTABLIS ES as Benzoylecçou retamine	PURPOSE OF PROVIDE SI FOR TES  EXPLAIN IN REMARKED BY THE HHS IN OTHER	Time  CHANGE PECIMEN TING  rks Below. handaToRY NCYCLIDINE
STEP 6: TO E  MO. DATE  MO. DATE  VR.  STEP 7: TO E  THE RESULTS F  GUIDELINES FOL  FALLED TO RI  TEST NOT PE  REMARKS  TEST LAB (if different control of the control of th	E INITIATED BY THE COLLECTOR AND CO  SPECIMEN RELEASED BY  DONOR - NO SIGNATURE  Signature  Name  Signature  Name  Signature  Name  Signature  Name  Signature  Name  OF THE ABOVE IDENTIFIED SPECIMEN ARE IN ACCORD RESTING PROGRAMS  OF THE ABOVE IDENTIFIED SPECIMEN ARE IN ACCORD RESTING PROGRAMS  OF THE ABOVE IDENTIFIED SPECIMEN ARE IN ACCORD RESTING PROGRAMS  OF THE ABOVE IDENTIFIED SPECIMEN ARE IN ACCORD IN THE ABOVE IDENTIFIED IN CONTROL OF A THE ABOVE IDENTIFIED IN CONTROL OF A THE ABOVE IDENTIFIED IN CONTROL IN THE ABOVE IDENTIFIED IN THE ABOVE IDEN	SPECIMEN RECEIVED  SPECIMEN RECEIVED  Signature  Name  Signature  Name  Signature  Name  Signature  Name  Coccan Section Secti	YES NO. DURES ESTABLIS ES as Benzoylecçou retamine	PURPOSE OF PROVIDE SI FOR TES  EXPLAIN IN REMARKED BY THE HHS IN OTHER	Time  CHANGE PECIMEN TING  rks Below. handaToRY NCYCLIDINE
TEP 7: TO E  DATE MO DAY VR	E INITIATED BY THE COLLECTOR AND CO  SPECIMEN RELEASED BY  DONOR - NO SIGNATURE  Signature  Name  Signature  Name  Signature  Name  Signature  Name  Signature  Name  OF THE ABOVE IDENTIFIED SPECIMEN ARE IN ACCORD RESTING PROGRAMS  OF THE ABOVE IDENTIFIED SPECIMEN ARE IN ACCORD RESTING PROGRAMS  OF THE ABOVE IDENTIFIED SPECIMEN ARE IN ACCORD RESTING PROGRAMS  OF THE ABOVE IDENTIFIED SPECIMEN ARE IN ACCORD IN THE ABOVE IDENTIFIED IN CONTROL OF A THE ABOVE IDENTIFIED IN CONTROL OF A THE ABOVE IDENTIFIED IN CONTROL IN THE ABOVE IDENTIFIED IN THE ABOVE IDEN	SPECIMEN RECEIVED  SPECIMEN RECEIVED  Signature  Name  Signature  Name  Signature  Name  Signature  Name  Coccan Section Secti	YES NO. DURES ESTABLIS ES as Benzoylecçou retamine	PURPOSE OF PROVIDE SI FOR TES  EXPLAIN IN REMARKED BY THE HHS IN OTHER	Time  F CHANGE  PECIMEN  TING  TKS Below.  TANDATORY  NOYCLIDINE  AE NO.  above, that the pecimen.
TEP 6: TO E  DATE WILLIAM  CAN VR  STEP 7: TO E  THE RESULTS SUIDELINES FOR FACOUR PINE FAILED TO RI TEST NOT PE  REMARKS  REMARKS  RETEST LAB (if aith confity that the specimen has being performen has bein	E INITIATED BY THE COLLECTOR AND CO  SPECIMEN RELEASED BY  DONOR - NO SIGNATURE  Signature  Name  Fictory Prochatory account of the following pricing pricing account of the following pricing p	SPECIMEN RECEIVED  SPECIMEN RECEIVED  Signature  Name  Signature  Name  Signature  Name  Signature  Name  COLONE METABOLITE  SPECIMEN REACULT  ADDRESS  Sis form is the same specimen that bears the noce with applicable Federal requirements, at Signature or County of	YES NO. DURES ESTABLIS ES as Benzoylecçou retamine	PURPOSE OF PROVIDE SE FOR TES  EXPLAIN IN REMARKABLE BY THE HHS IN THE HEAVE AND THE HE	Time  F CHANGE  PECIMEN  TING  TKS Below.  TANDATORY  NOYCLIDINE  AE NO.  above, that the pecimen.
STEP 6: TO E  MO. DATE MO. DAT	E INITIATED BY THE COLLECTOR AND CO  SPECIMEN RELEASED BY  DONOR - NO SIGNATURE  Signature  Name  Signature  Name  Signature  Name  E COMPLETED BY THE LABORATORY - SIGNATURE  DOR THE ABOVE IDENTIFIED SPECIMEN ARE IN ACCORD  REDERAL WORKPLACE DRUG TESTING PROGRAMS  CONFIRM  CONTRACTOR DRUG TESTING PROGRAMS  CONTRACTOR DRUG TESTING PROGRAMS  CONTRACTOR DRUG TESTING PROGRAMS  CONTRACTOR  CONTRACTOR DRUG TESTING PROGRAMS  CONTRACTOR DRUG TESTIN	SPECIMEN RECEIVED  SPECIMEN RECEIVED  Signature  Name  Signature  Name  Signature  Name  Signature  Name  Signature  Name  Cocaline METABOLITE  ADDRESS  ADDRESS  Signature  OFFICER	YES NO, DURES ESTABLIS ES as Benzoyleogor retermine	PURPOSE OF PROVIDE SE FOR TES  EXPLAIN IN REMARKABLE BY THE HHS No interest of the second of the sec	Time  F CHANGE  PECIMEN  TING  TKS BEIOW.  ANDATORY  NOYCLIDINE  HE NO.  above, that the pecimen.
STEP 6: TO E  MO. DATE MO. DAT	E INITIATED BY THE COLLECTOR AND CO  SPECIMEN RELEASED BY  DONOR - NO SIGNATURE  Signature  Name  Fictory Prochatory account of the following pricing pricing account of the following pricing p	SPECIMEN RECEIVED  SPECIMEN RECEIVED  Signature  Name  Signature  Name  Signature  Name  Signature  Name  Signature  Name  Cocaline METABOLITE  ADDRESS  ADDRESS  Signature  ADDRESS  Signature  SIGNATURE  ADDRESS  ADDRESS  Signature  ADDRESS  ADDRE	YES NO, DURES ESTABLIS ES as Benzoyleogor retermine	PURPOSE OF PROVIDE SE FOR TES  EXPLAIN IN REMARKABLE BY THE HHS No interest of the second of the sec	Time  F CHANGE  PECIMEN  TING  TKS BEIOW.  ANDATORY  NOYCLIDINE  HE NO.  above, that the pecimen.
TEP 6: TO E  DATE WILLIAM  DAY VR  STEP 7: TO B  THE RESULTS SOURCEWES FOR SOURCE FOR SOURC	E INITIATED BY THE COLLECTOR AND CO  SPECIMEN RELEASED BY  DONOR - NO SIGNATURE  Signature  Name  Signature	SPECIMEN RECEIVED  SPECIMEN RECEIVED  Signature  Name  Signature  Name  Signature  Name  Signature  Name  Signature  Name  Coccimen Bottle Seal(s) Intact:  DANCE WITH THE APPLICABLE PROCEI  arboxy—THC  COCAINE METABOLITE  arboxy—THC  ADDRESS  is form is the same specimen that bears the noce with applicable Federal requirements, at  Signature of Certifying Scientist  OFFICER  in accordance with applicable Federal require	YES NO, DURES ESTABLIS ES as Benzoyleogor retermine	PURPOSE OF PROVIDE SE FOR TES  EXPLAIN IN REMARKABLE BY THE HHS No interest of the second of the sec	Time  F CHANGE  PECIMEN  TING  TKS BEIOW.  ANDATORY  NOYCLIDINE  HE NO.  above, that the pecimen.
STEP 6: TO E  MO. DATE  MO	E INITIATED BY THE COLLECTOR AND CO  SPECIMEN RELEASED BY  DONOR - NO SIGNATURE  Signature  Name  Signature  Name  Signature  Name  E COMPLETED BY THE LABORATORY - SIGNATURE  E COMPLETED BY THE LABORATORY - SIGNATURE  Dorinter following:  CONFIRM GARDAND GARDANS  CONFIRM GARDAND GARDANS  CONFIRM GARDAND GARDANS  CONFIRM GARDAND GARDAND GARDAND  In action in dentified by the laboratory accession number on the maximmed upon receipt, handled and analyzed in according to the signature of the maximum of the signature of the signatur	SPECIMEN RECEIVED  SPECIMEN RECEIVED  Signature  Name  Signature  Name  Signature  Name  Signature  Name  Signature  Name  Coccimen Bottle Seal(s) Intact:  DANCE WITH THE APPLICABLE PROCEI  arboxy—THC  COCAINE METABOLITE  arboxy—THC  ADDRESS  is form is the same specimen that bears the noce with applicable Federal requirements, at  Signature of Certifying Scientist  OFFICER  in accordance with applicable Federal require	YES NO, DURES ESTABLIS ES as Benzoyleogor retermine	PURPOSE OF PROVIDE SE FOR TES  EXPLAIN IN REMARKABLE BY THE HHS No interest of the second of the sec	Time  CHANGE CHANGE PECIMEN TING  IR'S Below, HANDATORY NCYCLIDINE  AE NO. Shove, that the pecimen.

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

		TED BY COLLECTOR OR EM	PLOYER REPR	RESENTATIVE			
A. Employe	r Name, Addı	ress and I.D. No.	E	3. MRO Name ar	nd Address		
D. Reason f		☐ Pre-employment ☐ Ran ☐ Return to Duty ☐ Follow	v-up	sonable Suspicio		st Accident	
	be Performed	☐ Only THC ar	nd Cocaine	OTHER (speci	•		
		TED BY COLLECTOR - Speci					
	•	vithin range: Tyes, 90° - 100			ord specimen temp		
TEP 4: SEE	BELOW	ED BY COLLECTOR AND DONC TED BY COLLECTOR - RETU		• •	bottle(s). Collector	dates seal(s).	Donor initials sea
COLLECTION	I SITE LOCATI	ON:		( )			SPLIT SPECIME COLLECTION
		Collection Facility		Collec	tor's Business Phone N	D.	☐ YES ☐ N
		Address		City	State	Zip	=
certify that the dentification num	specimen identifie nber as that set fi	ed on this form is the specimen present forth above, and that it has been collected me (First, MI, Last)	ted to me by the don ed, labelled and seal Signature o		ication on Copy 4 of this with applicable Federal n	/	ars the same specim
(PR	IINT) Collector's Nar BE INITIATE	me (First, MI, Last)  D BY THE COLLECTOR AND	Signature of	of Collector AS NECESSARY	Date (Mo./E	Day/Yr.)	Time
certify that the : dentification num (PR	IINT) Collector's Nar BE INITIATE	me (First, MI, Last)	Signature of COMPLETED A	of Collector	Date (Mo./E	PURPOS	Time
certify that the dentification num (PR	BE INITIATEI	me (First, MI, Last)  D BY THE COLLECTOR AND	Signature of COMPLETED A Signature Name	of Collector AS NECESSARY	Date (Mo./E	PURPOS PROVII	Time
certify that the dentification num (PR	BE INITIATEI SF DO Signature	me (First, MI, Last)  D BY THE COLLECTOR AND  PECIMEN RELEASED BY	Signature COMPLETED A Signature Name Signature	of Collector AS NECESSARY	Date (Mo./E	PURPOS PROVII	Time  SE OF CHANGE  DE SPECIMEN
certify that the dentification num (PR	INT) Collector's Name  BE INITIATE  SF  DC  Signature  Name	me (First, MI, Last)  D BY THE COLLECTOR AND  PECIMEN RELEASED BY	Signature of Signature Name Name	of Collector AS NECESSARY	Date (Mo./E	PURPOS PROVII	Time  SE OF CHANGE  DE SPECIMEN
certify that the dentification num (PR	BE INITIATEI SF DO Signature	me (First, MI, Last)  D BY THE COLLECTOR AND  PECIMEN RELEASED BY	Signature COMPLETED A Signature Name Signature	of Collector AS NECESSARY	Date (Mo./E	PURPOS PROVII	Time  SE OF CHANGE  DE SPECIMEN
certify that the dentification num (PR	Signature Signature	me (First, MI, Last)  D BY THE COLLECTOR AND  PECIMEN RELEASED BY	Signature COMPLETED AS Signature Name Signature Name Signature Signature	of Collector AS NECESSARY	Date (Mo./E	PURPOS PROVII	Time  SE OF CHANGE  DE SPECIMEN
certify that the dentification num	INT) Collector's Nar BE INITIATE  SP  DO  Signature  Name  Signature  Name	me (First, MI, Last)  D BY THE COLLECTOR AND  PECIMEN RELEASED BY	Signature Signature Name Signature Name Signature Name Name Name	of Collector AS NECESSARY	Date (Mo./E	PURPOS PROVII	Time  SE OF CHANGE  DE SPECIMEN
Certify that the dentification number of the period of the	INIT) Collector's Name  SE INITIATE  SF  DO  Signature  Name  Signature  Name  Signature  Name  Signature  Name	me (First, MI, Last)  D BY THE COLLECTOR AND  PECIMEN RELEASED BY	Signature  Signature  Name  Signature  Name  Signature  Name  Signature  Name  Signature  Name	of Collector AS NECESSARY	Date (Mo./E	PURPOS PROVII	Time  BE OF CHANGE  DE SPECIMEN
Certify that the certify that the certification and the certificat	INT) Collector's Name  SE INITIATE  SF  DO  Signature  Name  Signature  Name  Signature  Name  Signature  Name  Dome No. (	me (Frist, Mi, Lasi)  D BY THE COLLECTOR AND PECIMEN RELEASED BY  ONOR - NO SIGNATURE	Signature  Signature  Name  Signature  Name  Signature  Name  Signature  Name	AS NECESSARY PECIMEN RECE	Date (Mo./L	PURPOS PROVIDE FOR	Time SE OF CHANGE DE SPECIMEN R TESTING
Certify that the incompanies of	IRTY Collector's Name BE INITIATE! SF DO Signature Name Signature Name Name Signature Name Name In Provided my unitalisation of the state of the sta	me (Frist, Mi, Lasi)  D BY THE COLLECTOR AND PECIMEN RELEASED BY  ONOR - NO SIGNATURE  TED BY DONOR	Signature  Signature  Name  Signature  Name  Signature  Name  Signature  Name	AS NECESSARY PECIMEN RECE	Date (Mo./L	PURPOS PROVIDENTE FOR  ### Mo. ### was sealed with	Time SE OF CHANGE DE SPECIMEN R TESTING  Day Yt.  a tamper-evident
TEP 4: TO I  Daytime Phc  certify that the is early in my p  (()  Should It ask about "memory in my p	IRTY Collector's Name  Signature  Name  Signature  Name  Signature  Name  Signature  Name  Signature  Name  PRINT) Denor's P  te results of the transcriptions  typogger. The program of t	me (First, Mt, Lasi)  D BY THE COLLECTOR AND PECIMEN RELEASED BY  ONOR - NO SIGNATURE  TED BY DONOR  )  Everill  Interpretation to the collector, that I have the information provided on this form a	Signature  S Signature Name Signature Name Signature Name Signature Name Asignature Name Signature Name Asignature Asignature Name Asignature Asignatu	AS NECESSARY PECIMEN RECE	Date (Mo./L.  THEREAFTER  IVED BY  Date of the specimen bottle used bottle is correct.  Districtly, the Medical Riman as paratte poeed of paragraphs of the specimen broken as a spearate poeed of paragraphs.	PURPOS PROVICE FOR  # Birth Mo.  # was sealed with Date (M.  Date	DE OF CHANGE DE SPECIMEN R TESTING  Day Yr. to a tamper-evident io. / Day / Yr.) ill contact you to
Certify that the incompanies of	INTY Collector's Name  Signature  Name  Signature  Name  Signature  Name  Signature  Name  Parallel Signature  Name  Signature  Name  Name  Parallel Signature  Name  Parallel Signature  Name  Name  Parallel Signature  Name  Parallel Signature  Name  Decomplete Signature  Decomp	TED BY DONOR  TED BY DONOR  TED BY DONOR  Everimans to the collector, that I have the information provided on this form a laboratory tests for the specimen is also ordinary to the Ted BY THE MEDICAL REVISE  TED BY THE MEDICAL REVISE  TED BY THE MEDICAL REVISE  TEST THE SPECIMEN THE SPECIMEN TO THE BACK OF ANY OTHER  TED BY THE MEDICAL REVISE  TO BY THE MEDICAL REVISE  TO BY THE MEDICAL REVISE  TO BY THE MEDICAL REVISE  TED BY THE MEDICAL REVISE	Signature  Signature  Name  Signature  Name  Signature  Name  Signature  Name  Aignature  Name  Signature  Name  Signature  Name  Signature  Name  Conductor of the label affice of the la	AS NECESSARY PECIMEN RECE	Date (Mo./L THEREAFTER IVED BY  Date of the specimen bottle used to the specimen bottl	PURPOS PROVIE FOR  I Birth Mo. Date (M uses sealed with list of those m pper or on the b	DE OF CHANGE DE SPECIMEN R TESTING  Day Yr. a tamper-evident lo. / Day / Yr.) ill contact you to edications as a lack of your copy
Certify that the control that the contro	INTY Collector's Name  Signature  Name  Signature  Name  Signature  Name  Signature  Name  Parallel Signature  Name  Signature  Name  Name  Parallel Signature  Name  Parallel Signature  Name  Name  Parallel Signature  Name  Parallel Signature  Name  Decomplete Signature  Decomp	me (First, MI, Last)  D BY THE COLLECTOR AND  PECIMEN RELEASED BY  ONOR - NO SIGNATURE  TED BY DONOR  ) Even  ins specimen to the collector; that I have the information provided on this form and over-the-counter medications. LIST Is NOT THE BACK OF ANY OTHER BACK	Signature  Signature  Name  Signature  Name  Signature  Name  Signature  Name  Aignature  Name  Signature  Name  Signature  Name  Signature  Name  Conductor of the label affice of the la	AS NECESSARY PECIMEN RECE	Date (Mo./L THEREAFTER IVED BY  Date of the specimen bottle used to the specimen bottl	PURPOS PROVIE FOR  I Birth Mo. Date (M uses sealed with list of those m pper or on the b	DE OF CHANGE DE SPECIMEN R TESTING  Day Yr.  a tamper-evident lio. / Day / Yr.) ill contact you to edications as a pack of your copy

COPY 4 - SEND DIRECTLY TO MEDICAL REVIEW OFFICER - DO NOT SEND TO LABORATORY

#### FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

	SPECIMEN ID NO.	LABORATOR	Y ACCESSION NO.
STEP 1: TO B	E COMPLETED BY COLLECTOR OR EMPLO	YER REPRESENTATIVE	
A. Employer	Name, Address and I.D. No.	B. MRO Name and Address	
C. Donor SSI D. Reason fo	N or Employee I.D. No r Test: ☐ Pre-employment ☐ Random	Reasonable Suspicion/Cause	ost Accident
D. Reason to	Return to Duty  Follow-up	Other (specify)	ist Accident
E. Tests to be			
	☐ Only THC and C	ocaine OTHER (specify)	
STEP 2: TO B	E COMPLETED BY COLLECTOR - Specimen	temperature must be read within 4 minutes of	of collection.
	mperature within range:  Yes, 90° - 100°F/3		
	COMPLETED BY COLLECTOR AND DONOR -		·
STEP 4: SEE I		concere anxee seale seales to seales,	datos socilos. Borior initiato cocilos.
	E COMPLETED BY COLLECTOR - RETURN	TO COPY 1	
COLLECTION	SITE LOCATION:		SPLIT SPECIMEN COLLECTION
		(	
	Collection Facility	Collector's Business Phone I	No. YES NO
	Address	City State	Zip
REMARKS:		the state of the s	Control to the control of the contro
i certify that the sp identification numb	pecimen identified on this form is the specimen presented to per as that set forth above, and that it has been collected, la	me by the donor providing the certification on Copy 4 of the belied and sealed as in accordance with applicable Federal	is form, that it bears the same specimen requirements.
iPRIN	IT) Collector's Name (First, MI, Last)	Signature of Collector Date (Mo.	/Day/Yr.) Time
	E INITIATED BY THE COLLECTOR AND CO	MPLETED AS NECESSARY THEREAFTER	
MO. DAY YR.	SPECIMEN RELEASED BY	SPECIMEN RECEIVED BY	PURPOSE OF CHANGE
, ,	DONOR - NO SIGNATURE	Signature	PROVIDE SPECIMEN
/ /	DONOR - NO SIGNATURE	Name	FOR TESTING
, ,	Signature	Signature	
/ /	Name	Name	. ]
, ,	Signature	Signature	
/ /	Name	Name	7
	Signature	Signature	
/ /	Name	Name	
STEP 4: TO B	E COMPLETED BY DONOR		
			, ,
Daytime Phon	e No Evening Ph	none No. ( ) Date	of Birth
/			Mo. Day Yr.
seal in my pre	provided my urine specimen to the collector; that I have not sence and that the information provided on this form and on	o the label affixed to each specimen bottle is correct.	d was sealed with a tamper-evident
	X		/ /
(P	RINT) Donor's Name (First, MI, Last)	Signature of Donor	Date (Mo. / Day / Yr.)
	results of the laboratory tests for the specimen ident		
ask about	prescriptions and over-the-counter medications you ogger." THIS LIST IS NOT NECESSARY. If you choose	may have taken. Therefore, you may want to make a se to make a list, do so either on a separate piece of a	a list of those medications as a
(Copy 5)	-DO NOT LIST ON THE BACK OF ANY OTHER CO	PY OF THE FORM. TAKE COPY 5 WITH YOU.	, , ,
STEP 8: TO B	E COMPLETED BY THE MEDICAL REVIEW	OFFICER	
I have reviewed th	e laboratory results for the specimen identified by this form i	in accordance with applicable Federal requirements. My det	ermination/verification is:
☐ Negative	Positive Test Not Performed Test Cano	REMARKS	
	Medical Review Officer's Name (First, MI, Last)	Signature of Medical Review Officer	Date (Mo. / Day / Yr.)
COPY 5 - GIV	E TO DONOR DO NOT SEND TO LABORA	IUKY	

#### Office of the Secretary of Transportation

Pt. 40, App. A

#### Privacy Act Statement: (For Federal Employees Only)

Submission of the information on the attached form is voluntary. However, incomplete submission of the information, refusal to provide a urine specimen, or substitution or adulteration of a specimen may result in delay or denial of your application for employment/appointment or may result in removal from the Federal service or other disciplinary action.

The authority for obtaining the urine specimen and identifying information contained herein is Executive Order 12584 ("Drug-Free Federal Workplace"), 5 U.S.C. § 3301 (2), 5 U.S.C. § 7301 and Section 503 of Public Law 100-71, 5 U.S.C. § 7301 note. Under provisions of Executive Order 12584 and 5 U.S.C. 7301, test results may only be disclosed to agency officials on a need-to-know basis. This may include the agency Medical Review Officer, the administrator of the Employee Assistance Program, and a supervisor with authority to take adverse personnel action. This information may also be disclosed to a court where necessary to defend against a challenge to an adverse personnel action.

Submission of your SSN is not required by law and is voluntary. Your refusal to furnish your number will not result in the denial of any right, benefit, or privilege provided by law. Your SSN is solicited, pursuant to Executive Order 9397, for purposes of associating information in agency files relating to you and for purposes of identifying the specimen provided for urinalysis testing for illegal drugs, if you refuse to indicate your SSN, a substitute number or other identifier will be assigned, as required, to process the specimen.

In the event laboratory analysis determines the presence of one or more illegal drugs in the specimen you provide, you will be contacted by an agency Medical Re /iew Officer (MRO). The MRO will determine whether there is a legitimate medical explanation for the drug(s) identified by urinalysis.

#### Paperwork Reduction Act Notice (as required by 5 CFR 1320.21)

Public reporting burden for this collection of information, including the time for reviewing instructions, gathering and maintaining the data needed, and completing and reviewing the collection of information is estimated for each respondent to average; 5 minutes/collector; 4 minutes/collector; 3 minutes/collector 3 minutes/collector 3 minutes/collector 3 minutes/collector 4 minutes/collector 5 minutes/aboratory; and a minutes/Medical Review Officer. Federal employees may send comments regarding these burden estimates, or any other aspect of this collection of information, including suggestions for rectucing the burden, to Public Health Service Reports Clearance Officer, Attr. PRA, Hubert H. Humphrey Building, Rm 721-B, 200 Independence Ave. S.W., Washington, D.C. 2020.1. Individuals from the private sector may send comments/suggestions to: Department of Transportation, Drug Enforcement and Program Compliance, Rm 9404, 400 Seventh St. S.W., Washington, D.C. 2030.1. and comments/suggestions may be sent to: Office of Management and Budget, Paperwork Reduction Project, Rm 3001, 725 Seventeenth St. N.W., Washington, D.C. 20503.

Back of Copy 5.

#### FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

	SPECIMEN ID NO.	LABORATORY	ACCESSION NO.
STEP 1: TO B	E COMPLETED BY COLLECTOR OR EMPLO	YER REPRESENTATIVE	
	Name, Address and I.D. No.	B. MRO Name and Address	
' '			
	N or Employee I.D. No		
D. Reason fo		<del>-</del>	t Accident
	☐ Return to Duty ☐ Follow-up	Other (specify)	
E. Tests to b	e Performed: THC, Cocaine, PCP, Opia		
	☐ Only THC and C	ocaine	
	E AALIDI ETER RY AALI SATAR A		
		temperature must be read within 4 minutes of	
Specimen ter	mperature within range: 🗀 Yes, 90° - 100°F/3	32° - 38°C    No, Record specimen temp	erature here
STEP 3: TO BE	COMPLETED BY COLLECTOR AND DONOR -	Collector affixes bottle seal(s) to bottle(s). Collector of	lates seal(s). Donor initials seal(s).
STEP 4: SEE I	BELOW		
STEP 5: TO B	E COMPLETED BY COLLECTOR - RETURN	TO COPY 1	
COLLECTION	SITE LOCATION:		SPLIT SPECIMEN
		( )	COLLECTION
-	Collection Facility	Collector's Business Phone No	YES ONO
ļ			
	Address	City State	Zip
REMARKS:		·	
I certify that the sp	pecimen identified on this form is the specimen presented to ber as that set forth above, and that it has been collected, ta	me by the donor providing the certification on Copy 4 of this belied and sealed as in accordance with applicable Federal re	form, that it bears the same specimen
			PM
	IT) Collector's Name (First, MI, Last)	Signature of Collector Date (Mo./D.	ay(Yr.) Time
	E INITIATED BY THE COLLECTOR AND CO		
MO. DAY YR.	SPECIMEN RELEASED BY	SPECIMEN RECEIVED BY	PURPOSE OF CHANGE
. ,		Signature	PROVIDE SPECIMEN
/ /	DONOR - NO SIGNATURE	Name	FOR TESTING
	Signature	Signature	-
1 / /			
	Name	Name	
, ,	Signature	Signature	
/ /	Name	Name	
	Signature	Signature	
/ /		·	
	Name	Name	
STEP 4: TO B	E COMPLETED BY DONOR		
	18888888888888888	22222222222222222222222	, ,
Daytime Phon	ie No. 144444444 Evening Pt	none No. <b>200000000000000000000</b> Date of	
			Mo. Day Yr.
I certify that I	provided my urine specimen to the collector; that I have not sence and that the information provided on this form and or	adulterated it in any manner; that each specimen bottle used the label affixed to each specimen bottle is correct.	was sealed with a tamper-evident
			, ,
			/
(PI	RINT) Donor's Name (First, MI, Last)	Signature of Donor	Date (Mo. / Day / Yr.)
		ified by this form be confirmed positive, the Medical Re	
ask about	prescriptions and over-the-counter medications you	may have taken. Therefore, you may want to make a se to make a list, do so either on a separate piece of pa	ist of those medications as a
	-DO NOT LIST ON THE BACK OF ANY OTHER CO		per or on the back or your copy
, ,			
	E COMPLETED BY THE MEDICAL REVIEW (		
I have reviewed the	e laboratory results for the specimen identified by this form i	in accordance with applicable Federal requirements. My deter-	mination/verification is:
I have reviewed the ☐ Negative	e laboratory results for the specimen identified by this form i Positive Test Not Performed Test Cano	in accordance with applicable Federal requirements. My deter- relled REMARKS	mination/verification is:
/ have reviewed the Negative	e laboratory results for the specimen identified by this form i ☐ Positive ☐ Test Not Performed ☐ Test Cano	elled	mination/verification is:
│	e laboratory results for the specimen identified by this form i  Positive Test Not Performed Test Cano  dedical Review Officer's Name (First, MI, Last)	elled	Date (Mo. / Day / Yr.)

#### FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM

	E COMPLETED BY COLLECTOR OR EMP	IPLOYER REPRESENTATIVE  B. MRO Name and Address
A. Employer	Name, Address and I.D. No.	B. MRO Name and Address
	N or Employee I.D. No.	
D. Reason fo		
	Return to Duty Follow-	v-up
		O. C. L.
E. Tests to b		Opiates and Amphetamines  nd Cocaine
	☐ Only THC and	id Cocaine
TER 2. TO B	E COMPLETED BY COLLECTOR Specim	imen temperature must be read within 4 minutes of collection.
	mperature within range: [] Yes, 90° - 100°	
		DR - Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials s
TEP 4: SEE		10N TO 00DV 4
	E COMPLETED BY COLLECTOR - RETURNIED IN SITE LOCATION:	SPLIT SPEC
COLLECTION	SITE LOCATION:	COLLECTI
	Collection Facility	Collector's Business Phone No.
		City State Zip
	Address	City State Zip
REMARKS: certify that the s	pecimen identified on this form is the specimen presented	ated to me by the donor providing the certification on Copy 4 of this form, that it bears the same spe ted, labelled and sealed as in accordance with applicable Federal requirements.
dentification num	ber as that set forth above, and that it has been collected	ed, labelled and sealed as in accordance with applicable Federal requirements.
(PR)	NT) Collector's Name (First, Mt, Last)	Signature of Collector Date (Mo./Day/Yr.) Time
TEP 6: TO P	E INITIATED BY THE COLLECTOR AND	COMPLETED AS NECESSARY THEREAFTER
MO DAY YR.	SPECIMEN RELEASED BY	SPECIMEN RECEIVED BY PURPOSE OF CHAN-
MO DAT IN		Signature PROVIDE SPECIME
/ /	DONOR - NO SIGNATURE	Name FOR TESTING
		TVd1116
, ,	Signature	Signature
/ /	Name	Name
	Signature	Signature
/ /	Name	Name
/ /	Signature	Signature
/ /	Name	Name ·
TEP 4: TO E	E COMPLETED BY DONOR	
	100000000000000000000000000000000000000	**************************************
Daytime Pho	[88888888888888888888888888888888888888	ting Phone No. 1000 1000 1000 1000 1000 Date of Birth
Daytime Prio	18 NO. INC. INC. INC. INC. INC. INC. INC. INC	Mo. Day Yi
I certify that I	provided my urine specimen to the collector; that I have	ve not adulterated it in any manner; that each specimen bottle used was sealed with a tamper-evider and on the label affixed to each specimen bottle is correct.
seal in my pr	esence and that the information provided on this form an	and on the label affixed to each specimen bottle is correct.
		Signature of Donor Date (Mo. / Day / Yr.)
(F	'RINT) Donor's Name (First, MI, Last)	
Should th	e results of the laboratory tests for the specimen id	identified by this form be confirmed positive, the Medical Review Officer will contact you
Should th	e results of the laboratory tests for the specimen id	identified by this form be confirmed positive, the Medical Review Officer will contact you sour may have taken. Therefore, you may want to make a list of those medications as
Should th ask abou	e results of the laboratory tests for the specimen id prescriptions and over-the-counter medications y logger." THIS LIST IS NOT NECESSARY. If you cl	s you may have taken. Therefore, you may want to make a list of those medications as : I choose to make a list, do so either on a separate piece of paper or on the back of your co
Should the	e results of the laboratory tests for the specimen id prescriptions and over-the-counter medications y logger." THIS LIST IS NOT NECESSARY. If you cl	s you may have taken. Therefore, you may want to make a list of those medications as
Should the ask about "memory (Copy 5).	e results of the laboratory tests for the specimen id prescriptions and over-the-counter medications y logger." THIS LIST IS NOT NECESSARY. If you of DO NOT LIST ON THE BACK OF ANY OTHER SECONDLETED BY THE MEDICAL REVIE	s you may have taken. Therefore, you may want to make a list of those medications as a choose to make a list, do so either on a separate piece of paper or on the back of your col R COPY OF THE FORM. TAKE COPY 5 WITH YOU.
Should the ask about "memory (Copy 5).	e results of the laboratory tests for the specimen id prescriptions and over-the-counter medications y logger." THIS LIST IS NOT NECESSARY. If you of DONOT LIST ON THE BACK OF ANY OTHER ECOMPLETED BY THE MEDICAL REVISED THE RESOLUTION TESTS OF TH	s you may have taken. Therefore, you may want to make a list of those medications as a choose to make a list, do so either on a separate piece of paper or on the back of your cole R COPY OF THE FORM. TAKE COPY 5 WITH YOU.  IEW OFFICER  Torm in accordance with applicable Federal requirements. My determination/verification is:
Should the ask about "memory (Copy 5).	e results of the laboratory tests for the specimen id prescriptions and over-the-counter medications y logger." THIS LIST IS NOT NECESSARY. If you of DONOT LIST ON THE BACK OF ANY OTHER ECOMPLETED BY THE MEDICAL REVISED THE RESOLUTION TESTS OF TH	s you may have taken. Therefore, you may want to make a list of those medications as a choose to make a list, do so either on a separate piece of paper or on the back of your col R COPY OF THE FORM. TAKE COPY 5 WITH YOU.
Should the ask about "memory (Copy 5).	e results of the laboratory tests for the specimen id prescriptions and over-the-counter medications y logger." THIS LIST IS NOT NECESSARY. If you of DONOT LIST ON THE BACK OF ANY OTHER ECOMPLETED BY THE MEDICAL REVISED THE RESOLUTION TESTS OF TH	s you may have taken. Therefore, you may want to make a list of those medications as a choose to make a list, do so either on a separate piece of paper or on the back of your cold R COPY OF THE FORM. TAKE COPY 5 WITH YOU.  IEW OFFICER  Torm in accordance with applicable Federal requirements. My determination/verification is:  Cancelled

#### 49 CFR Subtitle A (10-1-99 Edition)

#### INSTRUCTION FOR COMPLETING DRUG TESTING CUSTODY AND CONTROL FORM

The following instructions are in accordance with procedures established by the Department of Health and Human Services and the Department of Transportation mandatory guidelines for federal and transportation workplace drug testing programs.

NOTE: Use ballpoint pen, press hard, and check all copies for legibility

If the information in STEP 1 has not been completed, collector (not donor) completes STEP 1 (A-E). NOTE: Donor refusal to provide SSN or Employee LD, number must be annotated in STEP 5, collector's REMARKS section.

Upon receiving specimen from donor, check specimen temperature. This must be accomplished within 4 minutes Check block marked "Yes" if temperature is within rang

If specimen temperature is not within range, check block marked "No" and record specimen temperature.

FOR SPLIT SPECIMEN COLLECTIONS ONLY

Secure caps on both specimen bottles and allix specimen bottle seal labeled A over the cap and down the sides of the <u>primary specimen</u> (bottle containing at least 30ml of urine).

Affix specimen bottle seal labeled B (split) on the <u>split specimen</u> (bottle containing at least 15ml of urine) in the same manner.

Affix specimen bottle seal labeled 8 (split) on the split specimen (bottle containing at least 15ml of urino) in the same manner. Record data no both specimen bottle seals. FOR SINGLE SPECIMEN COLLECTION ONLY Secure cap no specimen bottle (containing at least 30ml of urine) and affix specimen bottle seal tabeled A over the cap and down the sides of the specimen bottle. Record date on specimen bottle seal. Instruct donor to initial the specimen bottle seal.

STEP 4.

Turn to Copy 4 (pink page), STEP 4. Instruct donor to complete STEP 4.

Ensure donor provides his/her daytime and evening phone number and date of birth.

Instruct donor to read certification statement. Ensure donor prints his/her name and signs and dates the certification statement.

Donor refusal to sign must be annotated in STEP 5, collector's remarks section. Upon completion, check donor entries, <u>return</u> to Copy 1. NOTE:

STEP 5.

After returning to Copy 1, gc to STEP 5. Complete the name and address of the facility at which the collection is taking place

List a business telephone mimber where collector can be reached.

Place a check in the brx indicating whether or not a split specimen was collected.

Record any unusual occurrences concerning the collection (e.g. rinor) refusal to provide information/sign cartilication statement, specimen collected under direct observation, suspected adultariation, in the remarks section.

Collector completes collection certification section by printing and signing his/her name, recording the date and time of collection. Be sure to circle A.M. or P.M.

Each time the specimen is handled, transferred, or placed into storage prior to being packaged for shipment, every individual must be identified (including a decided service). It causing a large an experiment interests in the collection in which the doner provides a speciment interest in the collection who seals, packages, and ships the specimen to the laboratory.

Record date of collection.

The "Speciment Received By" column, sign and print your name indicating that you have received the specimen from the donor. NOTE:

The "Purpose of Change" entry in the next column is pre-printed (Provide Specimen for Testing) and explains the transfer of the specimen from the donor to the collector.

On the next fine, record the date the specimen was released by you.

Complete the "Specimen Released By" block by signing and printing your name.

If you are prograining the specimen for shipment to the laboratory complete the "Specimen Received By" block by printing the cautier or shipment provider name only. (See Example)

Complete the "Purpose of Change" black explaining the transfer of the specimen from the collector to the carrier or shipment provider (e.g. Ship Specimen to Lab).

MO. DAY YR.	SPECIMEN RELEASED BY	SPECIMEN RECEIVED BY	PURPOSE OF CHANGE
8 / 15/94	DONOR - NO SIGNATURE	Signature Connu Collector	PROVIDE SPECIMEN FOR TESTING
9/15/01/	Signature Connie Collector Name Connie Collector	Name ABC Courier Service	SHIP SPECIMEN TO LAB
1 1	Signature	Signature	
	Name	None	
1 /	Signeture	Synctore	
1 / / [	Name ,	Nome	

#### COMPLETING THE COLLECTION PROCESS

Upon completing Step 8, dive donor his/her copy. Copy 5, (green page) of the Drug Testing Custody and Control Foun. Donor may leave the collection site at this point.

If a split specimen collection was performed, place both specimen bottles and Copies 1, 2, and 3 of the Drug Testing Custody and Control Form in the shipping container

If a single collection was performed, place the specimen bottle and Copies 1 and 2 of the Drug Testing Custody and Control Form in the shipping container. Descard Copy Secure the shipping container. On the shipping container. On the shipping container seal record your initials and the date.

Send Copy 4 (pink page) directly to the Medical Review Officer. Do not send to laboratory.

Retain Copy 6 (yellow page) for your records.
Folward Copy 7 (blue page) to the employer. Do not send to laboratory.

[59 FR 43002, Aug. 19, 1994, as amended at 60 FR 19537, Apr. 19, 1995]

APPENDIX B TO PART 40—THE BREATH ALCOHOL TESTING FORM

## U.S. Department of Transportation (DOT) Breath Alcohol Testing Form [THE INSTRUCTIONS FOR COMPLETING THIS FORM ARE ON THE BACK OF COPY 37

١.	Employee Name_						
	Employee Name_	(PRINT) (First, M	I.I., Last)				
	SSN or Employee	ID No					
	Employer Name,_						
	Address, & Telephone No						
	_						
	_		(	_)			
	Reason for Test:	☐ Pre-employment ☐ Random ☐ R	easonable Suspicion/Cause  Post-accide	Telephone ent 🔲 Return		у□Б	ollow
7.0	11. TO DE CO	MPLETED BY EMPLOYEE					
_	<del> </del>	***			1		, .
		about to submit to breath acconditiest rmation provided on this form is true	ting required by U.S. Department of Trans and correct.	sportation re	guiation.	s ana t	nat
				_	/	1	
		Signature of Employe	ee	Date	Month	Day	Year
i	in the U.S. Depart	ment of Transportation regulation, 49	the above named individual in accordanc CFR Part 40, that I am qualified to oper				
	and that the result.						
:	Screening test:	Complete only if the testing dev	vice is not designed to <b>print</b> the following.				
-	Test No.	Testing Device Name	Testing Device Serial Number	Tim	AM PM 16	Resi	ult
•	Confirmation test	: Confirmation test results MUST	be affixed to the back of each copy of the	is form.			
1	Remarks:						
-							
-	(PRINT) Breath Alcoh	ol Technician's Name (First, M.I., Last)	Signature of Breath Alcohol Technician	Date	Month	Day /	Year
ΞP	4: TO BE CO	MPLETED BY EMPLOYEE					
_	certify that I have	e submitted to the breath alcohol test	the results of which are accurately record operate heavy equipment if the results are			derstar	nd
					,	1	
		Signature of Employe	*	Date	Month	Day	Year

#### 49 CFR Subtitle A (10-1-99 Edition)

AFFIX SCREENING TEST RESULTS HERE (IF APPLICABLE)

USE TAMPER-EVIDENT TAPE

AFFIX CONFIRMATION TEST RESULTS HERE

USE TAMPER-EVIDENT TAPE

PAPERWORK REDUCTION ACT NOTICE (as required by 5 CFR 1320.21)

Public reporting burden for this collection of information is estimated for each respondent to average: I minute/employee, 4 minutes/Breath Alcohol Technician.

Individuals may send comments regarding these burden estimates, or any other aspect of this collection of information, including suggestions for reducing the burden, to U.S. Department of Transportation, Drug Enforcement and Program Compliance, Room 3404, 400 Seventh St., SW, Washington, D.C. 20590 or Office of Management and Budget, Paperwork Reduction Project, Room 3401, 725 Seventeenth St., NW, Washington, D.C. 20590.

COPY 1 - ORIGINAL - FORWARD TO THE EMPLOYER

OMB No. 2

OMB No. 2105-0529 Exp. Date: 2/28/97

# U.S. Department of Transportation (DOT) Breath Alcohol Testing Form [THE INSTRUCTIONS FOR COMPLETING THIS FORM ARE ON THE BACK OF COPY 3]

A. Employee Name						_
	(PRINT) (First, M	(.l., Last)				
SSN or Employee I	D No.					
. Employer Name,						_
Address, &						
Telephone No.						_
-		. (	)			_
_			Telephone		_	_
. Reason for Test:	Pre-employment Random R	teasonable Suspicion/Cause 🛘 Post-accider	nt 🗆 Return	to Duty	☐ Fol	low-u
FP 2: TO RE COM	IPLETED BY EMPLOYEE					
I certify that I am a	· · · · · · · · · · · · · · · · · · ·	ting required by U.S. Department of Trans, and correct.	portation re	gulations	and the	it
			Date	1	_/	
	Signature of Employ	ree	Date	Month	Day \	rear
I certify that I have in the U.S. Departs	n <b>ens of T</b> ransportation regulation, 49	OHOL TECHNICIAN  the above named individual in accordance 9 CFR Part 40, that I am qualified to oper				
I certify that I have in the U.S. Departs and that the results	conducted breath alcohol testing on nent of Transportation regulation, 45 are as recorded.	the above named individual in accordance 9 CFR Part 40, that I am qualified to oper				
I certify that I have in the U.S. Departs	conducted breath alcohol testing on nent of Transportation regulation, 45 are as recorded.	the above named individual in accordance		ng device		
I certify that I have in the U.S. Departm and that the results Screening test:	conducted breath alcohol testing on nent of Transportation regulation, 49 are as recorded.  Complete only if the testing dev	the above named individual in accordance 9 CFR Part 40, that I am qualified to oper- vice is not designed to <u>print</u> the following.	ate the testi	ng device	s identij	ied,
I certify that I have in the U.S. Departm and that the results Screening test:	conducted breath alcohol testing on nent of Transportation regulation, 49 are as recorded.  Complete only if the testing dev	the above named individual in accordance 9 CFR Part 40, that I am qualified to open vice is not designed to print the following.  Testing Device Serial Number	Tin	ng device		ied,
I certify that I have in the U.S. Departm and that the results Screening test:	conducted breath alcohol testing on nent of Transportation regulation, 49 are as recorded.  Complete only if the testing dev	the above named individual in accordance 9 CFR Part 40, that I am qualified to oper- vice is not designed to <u>print</u> the following.	Tin	ng device	s identij	ied,
I certify that I have in the U.S. Departm and that the results Screening test:	conducted breath alcohol testing on nent of Transportation regulation, 49 are as recorded.  Complete only if the testing dev	the above named individual in accordance 9 CFR Part 40, that I am qualified to open vice is not designed to print the following.  Testing Device Serial Number	Tin	ng device	s identij	ied,
I certify that I have in the U.S. Departm and that the results Screening test:  Test No.  Confirmation test:	conducted breath alcohol testing on nent of Transportation regulation, 49 are as recorded.  Complete only if the testing dev	the above named individual in accordance 9 CFR Part 40, that I am qualified to operative is not designed to print the following.  Testing Device Serial Number  [ be affixed to the back of each copy of this	Tin	ng device	s identij	ied,
I certify that I have in the U.S. Departm and that the results Screening test:  Test No.  Confirmation test:	conducted breath alcohol testing on nent of Transportation regulation, 49 are as recorded.  Complete only if the testing dev	the above named individual in accordance 9 CFR Part 40, that I am qualified to operative is not designed to print the following.  Testing Device Serial Number  [ be affixed to the back of each copy of this	Tin	ng device	s identij	ied,
I certify that I have in the U.S. Departm and that the results Screening test:  Test No.  Confirmation test:	conducted breath alcohol testing on nent of Transportation regulation, 49 are as recorded.  Complete only if the testing dev	the above named individual in accordance 9 CFR Part 40, that I am qualified to operative is not designed to print the following.  Testing Device Serial Number  [ be affixed to the back of each copy of this	Tin	ng device	s identij	ied,
I certify that I have in the U.S. Departm and that the results Screening test:  Tost No.  Confirmation test:  Remarks:	conducted breath alcohol testing on nent of Transportation regulation, 49 are as recorded.  Complete only if the testing dev	the above named individual in accordance 9 CFR Part 40, that I am qualified to operative is not designed to print the following.  Testing Device Serial Number  [ be affixed to the back of each copy of this	Tin	ng device	Result	ied,
I certify that I have in the U.S. Departm and that the results Screening test:  Test No.  Confirmation test:  Remarks:  (PRINT) Breath Alcohol	conducted breath alcohol testing on nent of Transportation regulation, 4s are as recorded.  Complete only if the testing dev Testing Device Name Confirmation test results MUST	n the above named individual in accordance 9 CFR Part 40, that I am qualified to open vice is not designed to <u>print</u> the following.  Testing Device Serial Number [ be affixed to the back of each copy of this	Tin	AM PM	Result	ned,
I certify that I have in the U.S. Departm and that the results Screening test:  Test No.  Confirmation test:  Remarks:  (PRINT) Breath Alcohol	conducted breath alcohol testing on nent of Transportation regulation, 43 are as recorded.  Complete only if the testing dev Testing Device Nume Confirmation test results MUST	n the above named individual in accordance 9 CFR Part 40, that I am qualified to open vice is not designed to <u>print</u> the following.  Testing Device Serial Number [ be affixed to the back of each copy of this	Tin	AM PM	Result	ned,
I certify that I have in the U.S. Departm and that the results Screening test:  Test No.  Confirmation test:  Remarks:	conducted breath alcohol testing on nent of Transportation regulation, 43 are as recorded.  Complete only if the testing dev Testing Device Name Confirmation test results MUST  I Technician's Name (First, M.L. Last)  IPLETED BY EMPLOYEE  Submitted to the breath alcohol test	n the above named individual in accordance 9 CFR Part 40, that I am qualified to open vice is not designed to <u>print</u> the following.  Testing Device Serial Number [ be affixed to the back of each copy of this	Ting State on this feed on this feed on this feed	AM PM Serm. I um.	Rosult  / Day	icar

#### 49 CFR Subtitle A (10-1-99 Edition)

#### AFFIX SCREENING TEST RESULTS HERE (IF APPLICABLE)

USE TAMPER-EVIDENT TAPE

#### AFFIX CONFIRMATION TEST RESULTS HERE

USE TAMPER-EVIDENT TAPE

Privacy Act Statement

(applicable in those cases where completed Brath Alcohol Testing Forms are retained in a Federal Privacy Act system of records)

Except for your Social Security Number (SSN), submission of the information on the formation of the information on the provide an adequate breath specimen for testing without a valid medical explanation, engaging in conduct that clearly obstructs the testing process, or failure to sign the certification statements on the front side of this form may result in delay or denial of your application for employment/appointment, your inability to resume performing safety-sensitive duties, removal from a safety-sensitive position, or other disciplinary action.

The authority for obtaining the breath specimen required by the U.S. Department of Transportation is the Omnibus Transportation Employee Testing Act of 1991, Pub. L. 102-143, Title V. The principal purpose for which the information sought is to be used is to casure that you have submitted to breath alcohol testing and to ensure that you are promptly notified in the event of noncompliance with the U.S. Department of Transportation breath alcohol testing requirements.

Submission of your SSN is not required by law and is voluntary. If you object to the use of your SSN in this form, you will not be denied any right, benefit, or privilege provided by law; a substitute number or other identifier will be assigned.

The information provided in this form may be disclosed, as a routine use, to a Federal, State, or local agency for authorized investigative or enforcement purposes or to a court or an administrative tribunal when the Government or one of its agencies is a party to a judicial proceeding before the court or involved in administrative proceedings before the tribunal.

#### PAPERWORK REDUCTION ACT NOTICE (as required by 5 CFR 1320.21)

Public reporting burden for this collection of information is estimated for each respondent to average: 1 minute/employee, 4 minutes/Breath Alcohol Technicia. Individuals may seed comments regarding these burden estimates, or any other aspect of this collection of information, including suggestions for reducing the burden, to U.S. Department of Transportation, Drug Enforcement and Program Compliance, Room 9404, 400 Seventh St., SW, Washington, D.C. 20590 or Office of Management and Budget, Paperwork Reduction Project, Room 3001, 725 Seventeenth St., NW, Washington, D.C. 20503.

COPY 2 - EMPLOYEE RETAINS

OMB No.

OMB No. 2105-0529 Exp. Date: 2/28/97

# U.S. Department of Transportation (DOT) Breath Alcohol Testing Form [THE INSTRUCTIONS FOR COMPLETING THIS FORM ARE ON THE BACK OF COPY 3]

A. Employee Name_	(PRINT) (First, M	L.L., Last)	· · · · · · · · · · · · · · · · · · ·	
n	10. N			
B. SSN or Employee	ID No			
Address, & Telephone No.				
-				
-			Telephone Number	
D. Reason for Test:	☐ Pre-employment ☐ Random ☐ R	easonable Suspicion/Cause D Post-accide		
CED 1. TO DE CO	MPLETED BY EMPLOYEE			
	about to submit to breath alcohol test ormation provided on this form is true	ting required by U.S. Department of Tran. and correct.	sportation regulatio	ns and that
	Signature of Employe		Date Month	
·	Signature of Employe		Date Month	Day Year
TEP 3: TO BE CO	MPLETED BY BREATH ALCO	HOL TECHNICIAN		
		the above named individual in accordance OCFR Part 40, that I am qualified to open		
	tment of Transportation regulation, 49 is are as recorded.	the above named individual in accordance	rate the testing devi	
in the U.S. Depar and that the result	tment of Transportation regulation, 49 is are as recorded.	the above named individual in accordance OCFR Part 40, that I am qualified to oper	rate the testing devi	
in the U.S. Depar and that the result	tment of Transportation regulation, 49 is are as recorded.	the above named individual in accordance OCFR Part 40, that I am qualified to oper	rate the testing devi	
in the U.S. Depar and that the result Screening test:	ment of Transportation regulation, 49 s are as recorded.  Complete only if the testing dev	the above named individual in accordance CFR Part 40, that I am qualified to open tice is not designed to print the following	Time	ces identified,
in the U.S. Depar and that the result Screening test:  Test No.  Confirmation test	ment of Transportation regulation, 49 s are as recorded.  Complete only if the testing dev	the above named individual in accordance OFR Part 40, that I am qualified to open tice is not designed to print the following Tosting Device Serial Number	Time	ces identified,
in the U.S. Depar and that the result Screening test:	ment of Transportation regulation, 49 s are as recorded.  Complete only if the testing dev	the above named individual in accordance OFR Part 40, that I am qualified to open tice is not designed to print the following Tosting Device Serial Number	Time	ces identified,
in the U.S. Depar and that the result Screening test:  Test No.  Confirmation test	ment of Transportation regulation, 49 s are as recorded.  Complete only if the testing dev	the above named individual in accordance OFR Part 40, that I am qualified to open tice is not designed to print the following Tosting Device Serial Number	Time	ces identified,
in the U.S. Depar and that the result Screening test:  Test No.  Confirmation test	ment of Transportation regulation, 49 s are as recorded.  Complete only if the testing dev	the above named individual in accordance OFR Part 40, that I am qualified to open tice is not designed to print the following Tosting Device Serial Number	Time	ces identified,
in the U.S. Depar and that the result Screening test:  Test No.  Confirmation test  Remarks:	ment of Transportation regulation, 49 s are as recorded.  Complete only if the testing dev	the above named individual in accordance OFR Part 40, that I am qualified to open tice is not designed to print the following Tosting Device Serial Number	Time	M Result
in the U.S. Depar and that the result Screening test:  Test No.  Confirmation test Remarks:  (PRINT) Breath Alcoh	ment of Transportation regulation, 49 s are as recorded.  Complete only if the testing dev  Testing Device Name  Confirmation test results MUST	the above named individual in accordance OFR Part 40, that I am qualified to open tice is not designed to print the following Testing Device Serial Number be affixed to the back of each copy of the	Time	M Result
in the U.S. Depar and that the result Screening test:  Test No.  Confirmation test Remarks:  (PRINT) Breath Alcoh	ment of Transportation regulation, 49 s are as recorded.  Complete only if the testing dev  Testing Device Name  Confirmation test results MUST	the above named individual in accordance OFR Part 40, that I am qualified to open tice is not designed to print the following Testing Device Serial Number be affixed to the back of each copy of the	Time	M Result
in the U.S. Depar and that the result Screening test:  Test No.  Confirmation test Remarks:  (PRINT) Breath Alcot  TEP 4: TO BE CO!	ment of Transportation regulation, 49 s are as recorded.  Complete only if the testing dev  Testing Device Name  Confirmation test results MUST  interpretation test results MUS	the above named individual in accordance OFR Part 40, that I am qualified to open tice is not designed to print the following Testing Device Serial Number be affixed to the back of each copy of the	Time  Date Month	Result  / / Day Year
in the U.S. Depar and that the result Screening test:  Test No.  Confirmation test Remarks:  (PRINT) Breath Alcot	ment of Transportation regulation, 49 s are as recorded.  Complete only if the testing dev  Testing Device Name  Confirmation test results MUST  interpretation test results MUS	the above named individual in accordance CFR Part 40, that I am qualified to open tice is not designed to print the following Testing Device Serial Number the affixed to the back of each copy of the Signature of Breath Alcohol Technician the results of which are accurately record operate heavy equipment if the results are	Time  Date Month	Result    Day Year

Exp. Date: 2/28/97

#### 49 CFR Subtitle A (10-1-99 Edition)

#### AFFIX SCREENING TEST RESULTS HERE (IF APPLICABLE)

#### USE TAMPER-EVIDENT TAPE

#### AFFIX CONFIRMATION TEST RESULTS HERE

USE TAMPER-EVIDENT TAPE

INSTRUCTIONS FOR COMPLETING THE U.S. DEPARTMENT OF TRANSPORTATION BREATH ALCOHOL TESTING FORM

NOTE: Use a ballpoint pen, press hard, and check all copies for legibility.

STEP 1 The Breath Alcohol Technician (BAT) completes the information required in this step. Be sure to print the employee's name and check the box identifying the reason for the test.

> NOTE: If the employee refuses to provide SSN or I.D. number, be sure to indicate this in the remarks section in STEP 3. Proceed with STEP 2.

STEP 2 Instruct the employee to read, sign, and date the employee certification statement in STEP 2.

NOTE: If the employee refuses to sign the certification statement, do not proceed with the alcohol test. Contact the designated employer representative.

STEP 3 The Breath Alcohol Technician (BAT) completes the information required in this step. After conducting the alcohol screening test, do the following

If the breath testing device used in conducting the screening test is not capable of printing the screening test information located on the front of this form (test number, testing device name, testing device serial number, time of test and results), complete this information in the space provided on the front of this form,

NOTE: Be sure to enter the result of the test exactly as it is indicated on the breath testing device, i.e., 0.00, 0.02, 0.04, etc.

OR, If the breath testing device used in conducting the screening test is capable of printing the screening test information located on the front of this form, affix the printed information in the space provided above. Be sure to use tamper-evident tape.

If the results of the screening test are less than 0.02, print, sign your name, and enter today's date in the space provided. Go to STEP 4.

If the results of the screening test are 0.02 or greater, a confirmation test must be administered in accordance with DOT regulations. An EVIDENTIAL BREATH TESTING device that is capable of printing confirmation test information must be used in conducting this test.

After conducting the alcohol confirmation test, affix the printed information in the space provided above. Be sure to use tamper-evident tape.

Print, sign your name, and enter the date in the space provided. Go to STEP 4.

STEP 4 Instruct the employee to read, sign, and date the employee certification statement in STEP 4.

NOTE: If the employee refuses to sign the certification statement in STEP 4, be sure to indicate this in the remarks section in STEP 3.

Forward Copy 1 (white page) to the employer. Give Copy 2 (green page) to the employee. Retain Copy 3 (blue page) for BAT records.

#### PAPERWORK REDUCTION ACT NOTICE (as required by 5 CFR 1320.21)

Public reporting burden for this collection of information is estimated for each respondent to average: I minute/employee, 4 minutes/Breath Alcohol Technicia Individuals may send comments regarding these burden estimates, or any other aspect of this collection of information, including suggestions for reducing the burden, to U.S. Department of Transportation, Drug Enforcement and Program Compliance, Room 9404, 400 Seventh St., SW, Washington, D.C. 20590 or Office of Management and Budget, Paperwork Reduction Project, Room 3001, 725 Seventeenth St., NW, Washington, D.C. 20593.

COPY 3 - BREATH ALCOHOL TECHNICIAN RETAINS

OMB No.

OMB No. 2105-0529 Exp. Date: 2/28/97

[59 FR 43013, Aug. 19, 1994]